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CONFIRMATION NO. 5364

<b>SERIAL NUMBER</b> 09/123,277	<b>FILING OR 371(c) DATE</b> 07/28/1998 <b>RULE</b>	<b>CLASS</b> 606	<b>GROUP ART UNIT</b> 3731	<b>ATTORNEY DOCKET NO.</b> 363
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**APPLICANTS**

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**\*\* CONTINUING DATA \*\*\*\*\***

This appln claims benefit of 60/088,421 06/08/1998

**\*\* FOREIGN APPLICATIONS \*\*\*\*\***

**IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\***  
 08/19/1998

**\*\* SMALL ENTITY \*\***

Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no	<b>STATE OR COUNTRY</b> PA	<b>SHEETS DRAWING</b> 10	<b>TOTAL CLAIMS</b> 28	<b>INDEPENDENT CLAIMS</b> 4
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged <u>                    </u> Examiner's Signature <u>                    </u> Initials				

**ADDRESS**

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**TITLE**

SURGICAL PENILE DILATOR INSTRUMENT AND METHOD FOR ITS USE

<b>FILING FEE RECEIVED</b> 524	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
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